

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

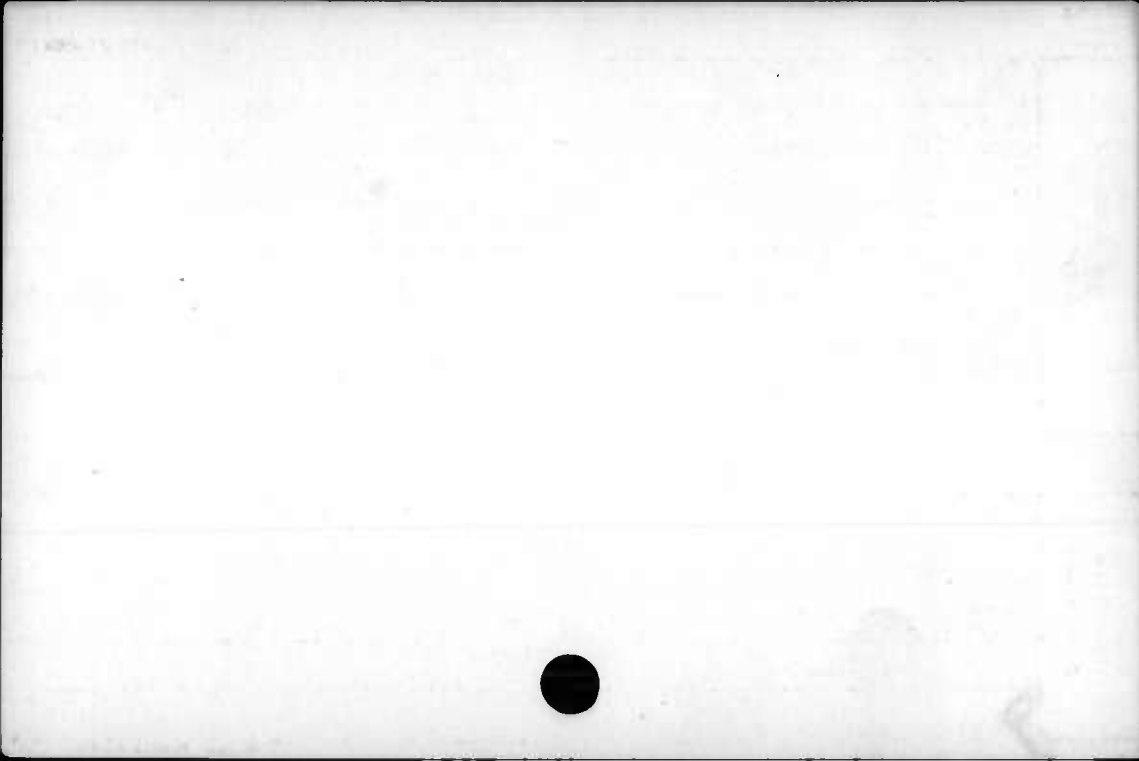
Died at <i>Ballant Green</i>		Town <i>Barber</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>22</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>M-d</i>				
Occupation <i>Housewife or domestic</i>	Where Residing if not at place of death <i>M-d</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Douglas</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>George Barber</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General breakdown</i>	How long <i>Six months</i>
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>George + his Barber</i>
<i>Test F. L. Dent</i>	Address <i>mark</i>
<i>Ident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Henry Dean*

Died at *White Plains* Town *Charles* County

Date of death 1907 *April* Month *24* Day *4* Age *4* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *ms*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *John Dean* Father's Birthplace *ms*

Mother's Maiden Name *Lizzie McPherson* Mother's Birthplace *ms*

Name of person giving information *Lizzie McPherson* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *93* How long *Two days*

Immediate *7 hours* How long *—*

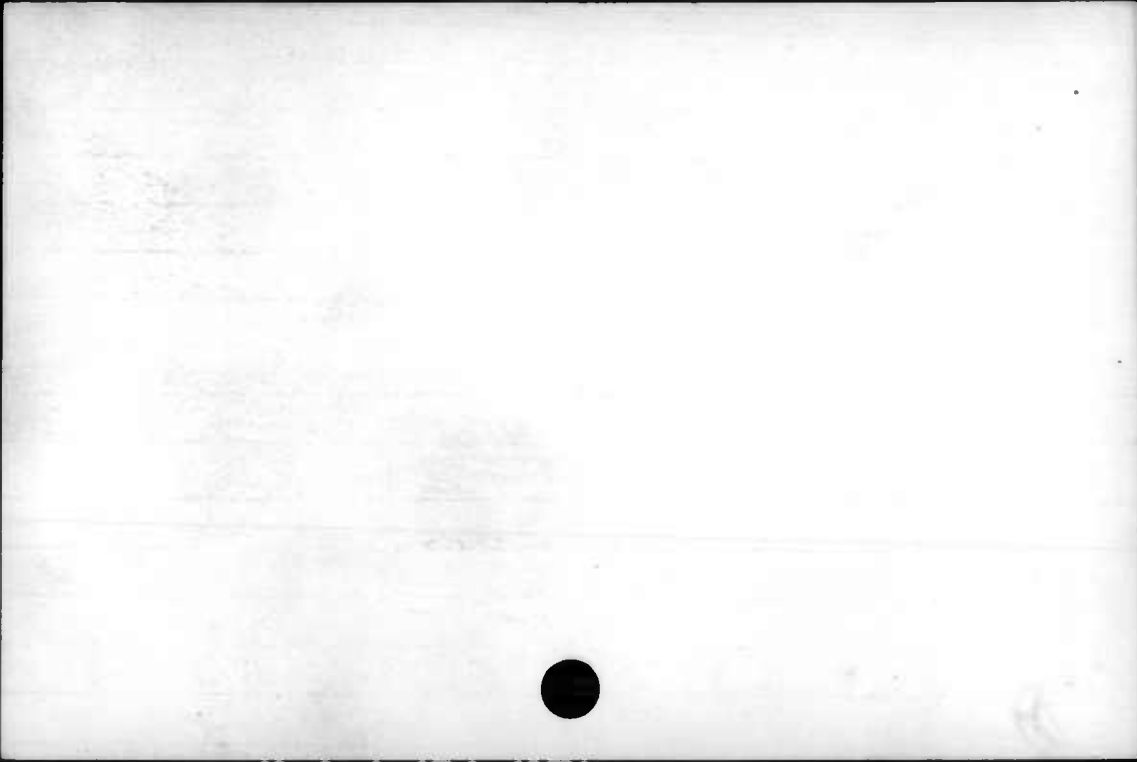
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. O. Morris*

Address *Waldorf*

ms

Accident or Suicide? *—*



Name
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Edward Harris Button

CERTIFICATE OF DEATH

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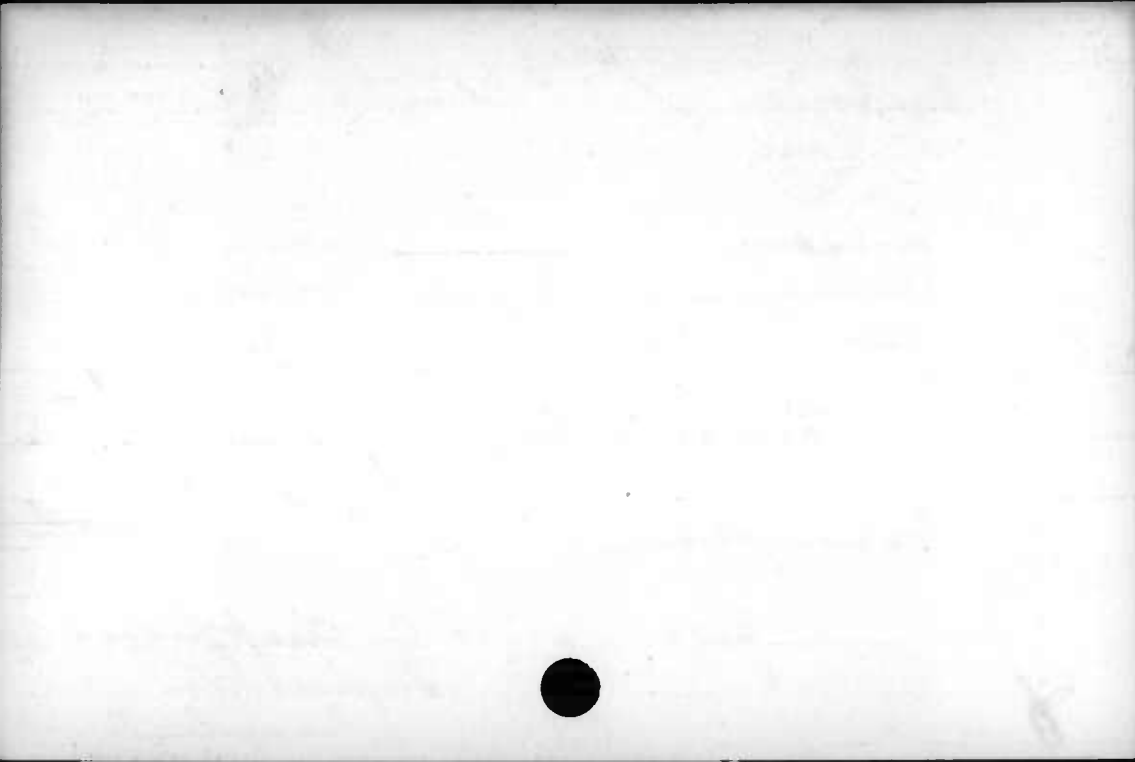
Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>9</i>	Age <i>—</i>	Months <i>—</i> Days <i>26</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>La Plata Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John S. Button</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Bertie Wade</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving Information <i>John S Button</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Malformation of Brain (meningocoele)</i>	How long	<i>26 days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. S. Owen</i>	
		Address <i>La Plata Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
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Emma C Corksey-

CERTIFICATE OF DEATH

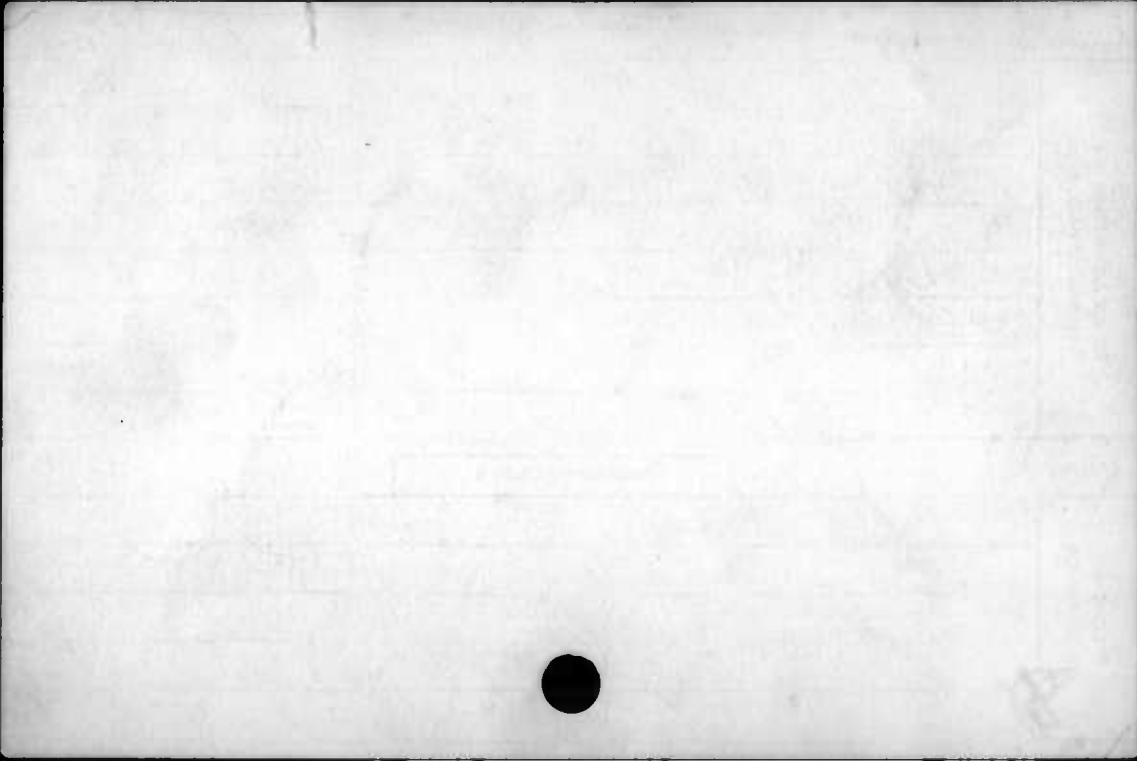
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hunterville</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>April</u>	Day	<u>14</u>
Age		<u>32</u>	Years	Months	<u>—</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation		<u>Housewife</u>			
Where Residing if not at place of death		<u>Ind</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Preston Corksey</u>			
Father's Name	<u>Wm T. Pilkerton</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Mary Bowes</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Thomas Corksey</u>			How related to deceased	<u>Father-in-law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>18 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. C. Christophers</u>	
<u>Yes</u>		Address <u>Hughesville</u>	
Accident or Suicide?		<u>Maryland</u>	



Name
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Full

George Craig
Iron Side

CERTIFICATE OF DEATH

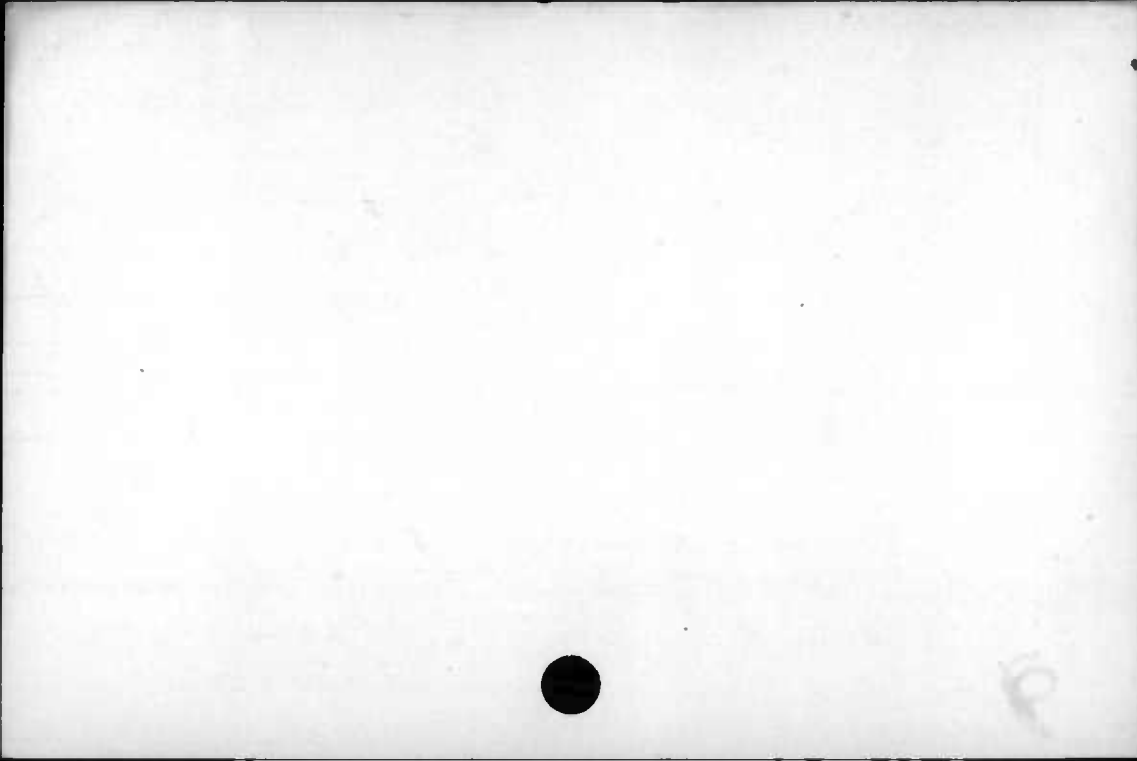
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	23	85			
Sex		Color or Race		Birth-place			
Male		Black		Ind			
Occupation				Where Residing if not at place of death			
Sailor							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Jane Ward					
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving information				How related to deceased			
John T. Jennifer				Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		None in attendance	
		Address	
		James M. Wheeler	
		Sub Registrar	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs L. E. Dyer*

Died at *Mar Waldorf* Town *Waldorf* County *Waldorf*

DATE of death 1907 *April* Month *7* Day *7* Age *67* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ms*

Married, Single or Widowed *Married* Occupation *Lady*

Name of Wife or Husband *Thomas L. Dyer*

Father's Name *Benjamin Sothern* Father's Birthplace *Ms*

Mother's Maiden Name *J. E. Bivens* Mother's Birthplace *Ms*

Name of person giving Information *John Dyer* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's disease Kidney* How long *2 yrs*

Immediate *Heart failure* How long *Short while*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Hume*

Address *Waldorf Ms*

Accident or Suicide? *No*



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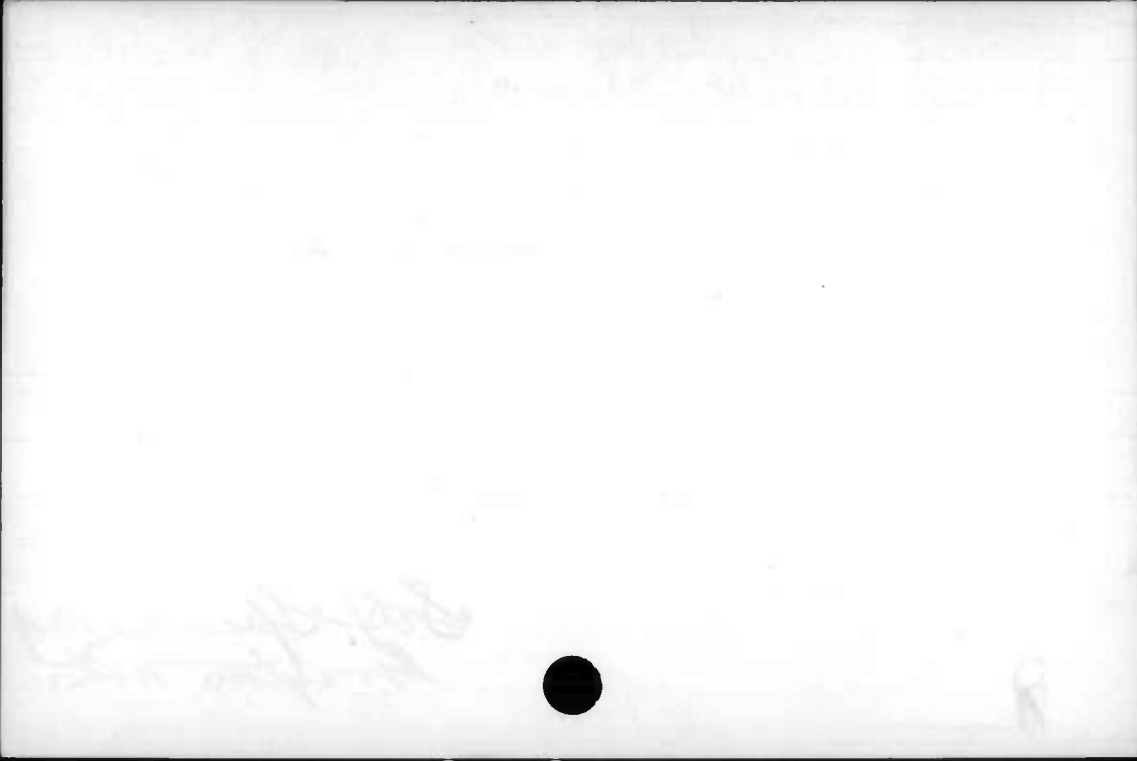
Died at <i>Ladysburg</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>27</i>	Age <i>62</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Gold</i>	Birth-place <i>Va.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Charles C. Jackson</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susan Mook Jackson</i>				
Father's Name <i>Not Known</i>	Father's Birthplace				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace				
Name of person giving Information <i>James Jackson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>ten years</i>
Immediate <i>& Hemiplegia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry B. Robinson</i>
	Address <i>Ladysburg, Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



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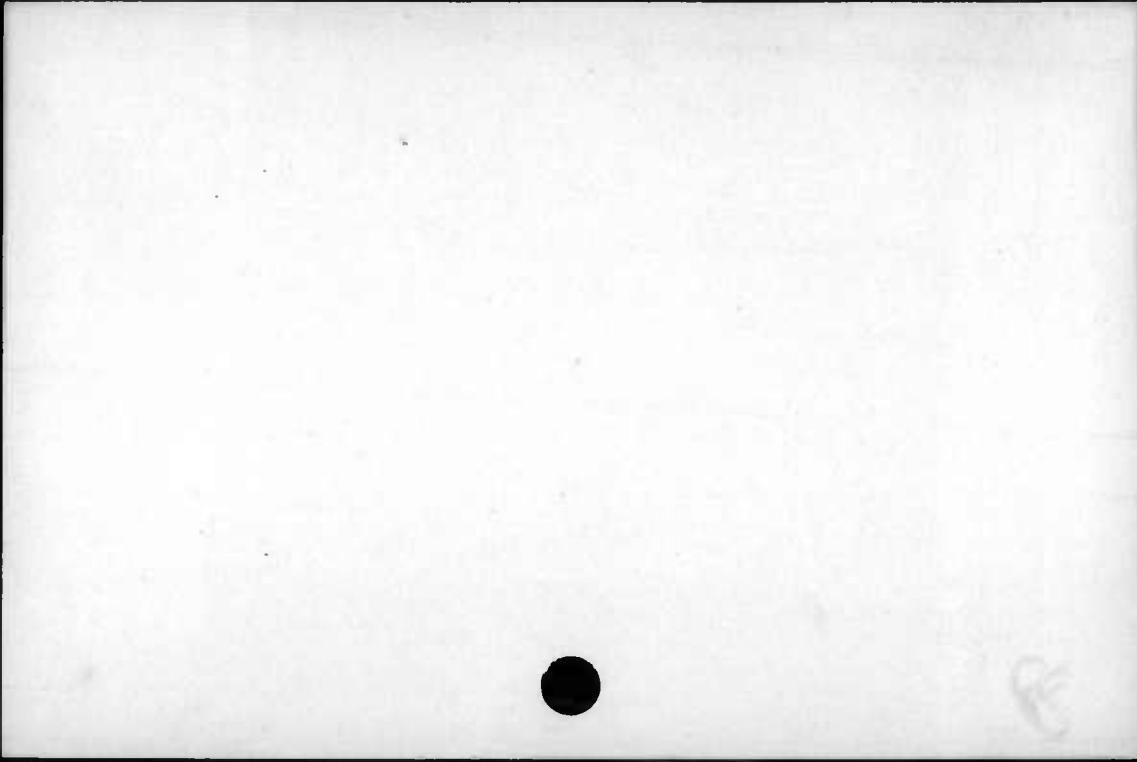
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nanperry</i> ^{Town} <i>Ches Co</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>25</i>	Years <i>65</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>went out as Amsewife, occasional house</i>	Where Residing if not at place of death <i>Lived with Thos & Richard son</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lived with Thos & Richard son</i>	Father's Name <i>Thomas Hanson</i>	Father's Birthplace <i>Md</i>
Mother's Maiden Name <i>Lettie (Wickerson)</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Wesley Carter</i>		How related to deceased <i>not related</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis Chronic</i>	How long <i>about 1 year or more</i>
Immediate <i>Uremia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sgt. Speakeing</i>
	Address <i>Grayton Md</i>
<i>Accident or Suicide?</i>	



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name *Melvina King*

Died at *Mar Wadon* Town *Chandos* County

Date of death 1907 *April* Month *19* Day Age *85* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Widow* Occupation *Lady*

Name of Wife or Husband *John A. King*

Father's Name *—* Father's Birthplace *Unknown*

Mother's Maiden Name *—* Mother's Birthplace *Unknown*

Name of person giving information *John King* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's disease Kidney* How long *Two Years*

Immediate *Exhaustion* How long *Short while*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. H. Hunter*

Address *Wadon*

Accident or Suicide? *No*



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Name
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Full

Mary. McPherson

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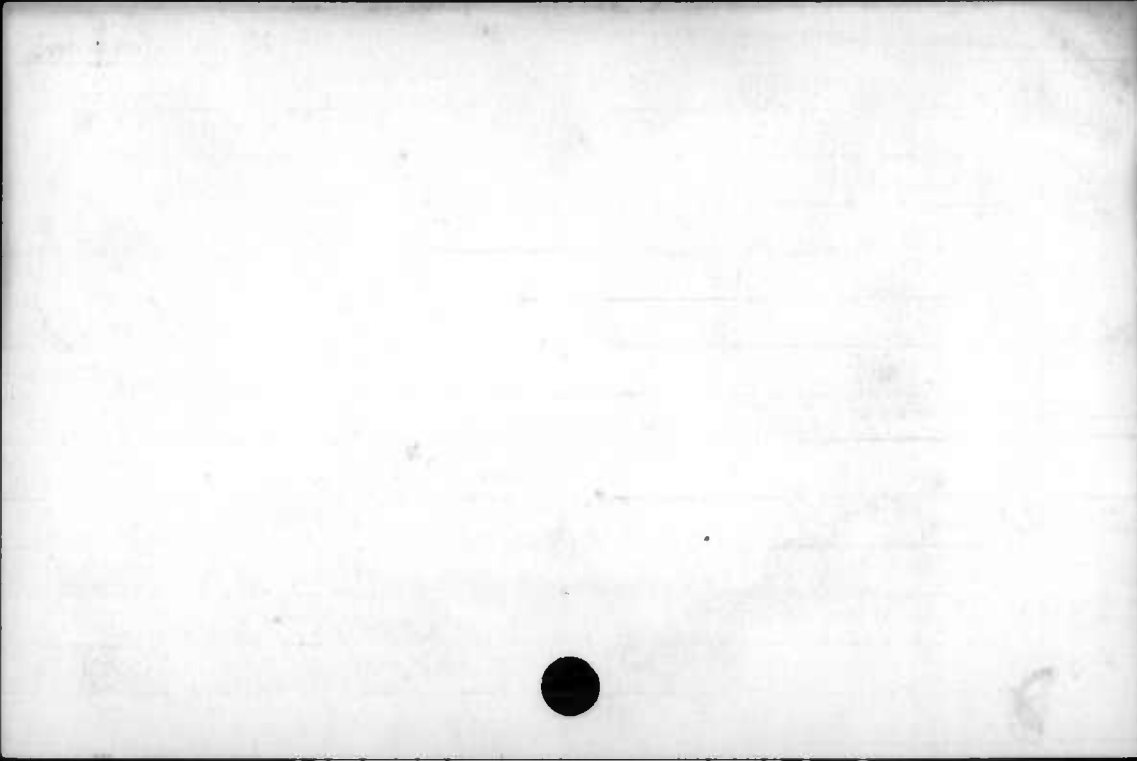
Died at <i>near Pomfret</i>		Town <i>Pomfret</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>3</i>	Age <i>31</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Chas Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at home place of her death</i>						
Married, Single or Widowed <i>Married</i>	Husband <i>Perry McPherson</i>						
Father's Name <i>Lytle W. Hawkins</i>	Father's Birthplace <i>Chas Co Md</i>						
Mother's Maiden Name <i>Harriet Smith</i>	Mother's Birthplace <i>Chas Co</i>						
Name of person giving Information <i>Perry McPherson</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <i>Contracted Pelvis</i>	How long
Immediate <i>Exhaustion attending childbirth</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jno. T. Diggins</i>
	Address <i>Port Tobacco Md</i>
Accident or Suicide? <i>No</i>	



Name
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Corra Matthews

CERTIFICATE OF DEATH

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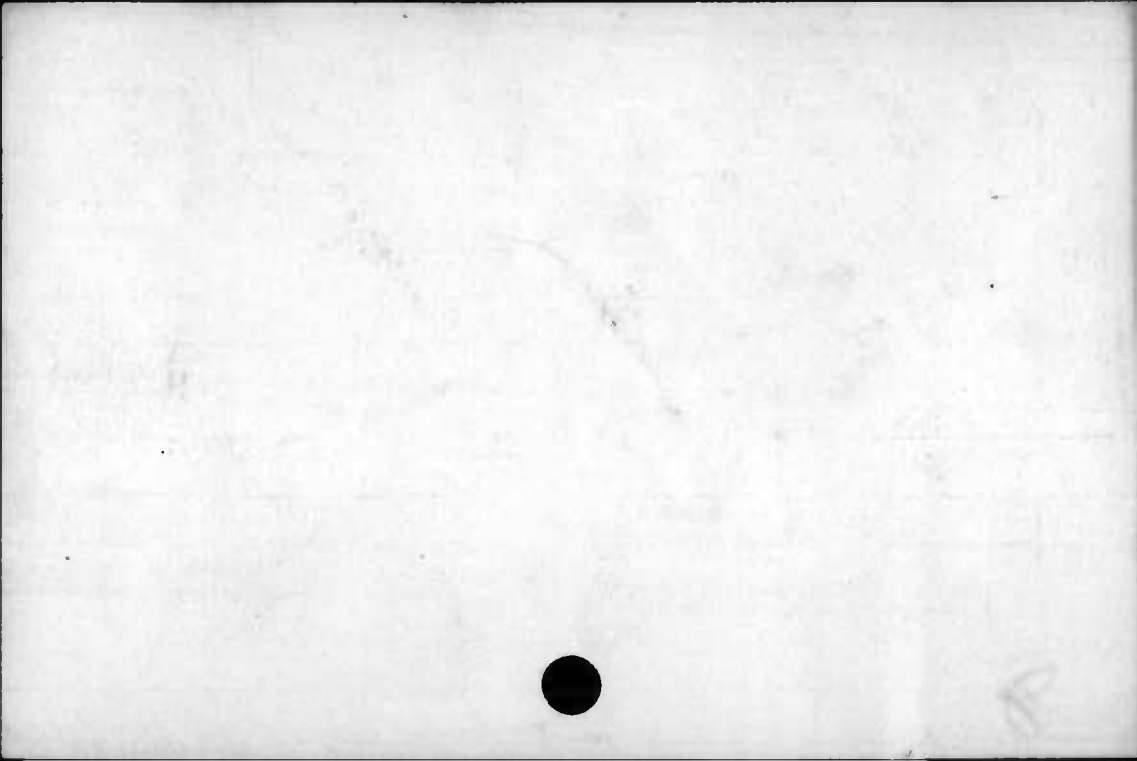
Died at <i>Hill Top</i> ^{Town}		<i>Co. Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>3</i>	Age <i>24</i>	Years <i>24</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>Housewife.</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Matthews</i>				
Father's Name <i>Yancy Warren</i>	Father's Birthplace <i>Charles Co</i>		Mother's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Molly Jones</i>	How related to deceased <i>Husband</i>		Name of person giving information <i>John Matthews</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years.</i>
Immediate <i>Pyæmia, Pulmonary Abscess</i>	How long <i>3 months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. B. Bicknell,</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide? <i>—</i>	



Name
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NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

James Phillip Middleton
Town Newport - County CharlesDied at
Date of death 1907 Apr 14 Age 3 Months Days

Sex male Color or Race colored Birth-place Charles Lee

Occupation none Where Residing if not at place of death Newport -

Married, Single or Widowed Name of Wife or Husband

Father's Name Joe Middleton Father's Birthplace Charles Lee

Mother's Maiden Name Geneva Campbell Mother's Birthplace Charles Lee

Name of person giving information Joe Middleton How related to deceased Father

CAUSES OF DEATH

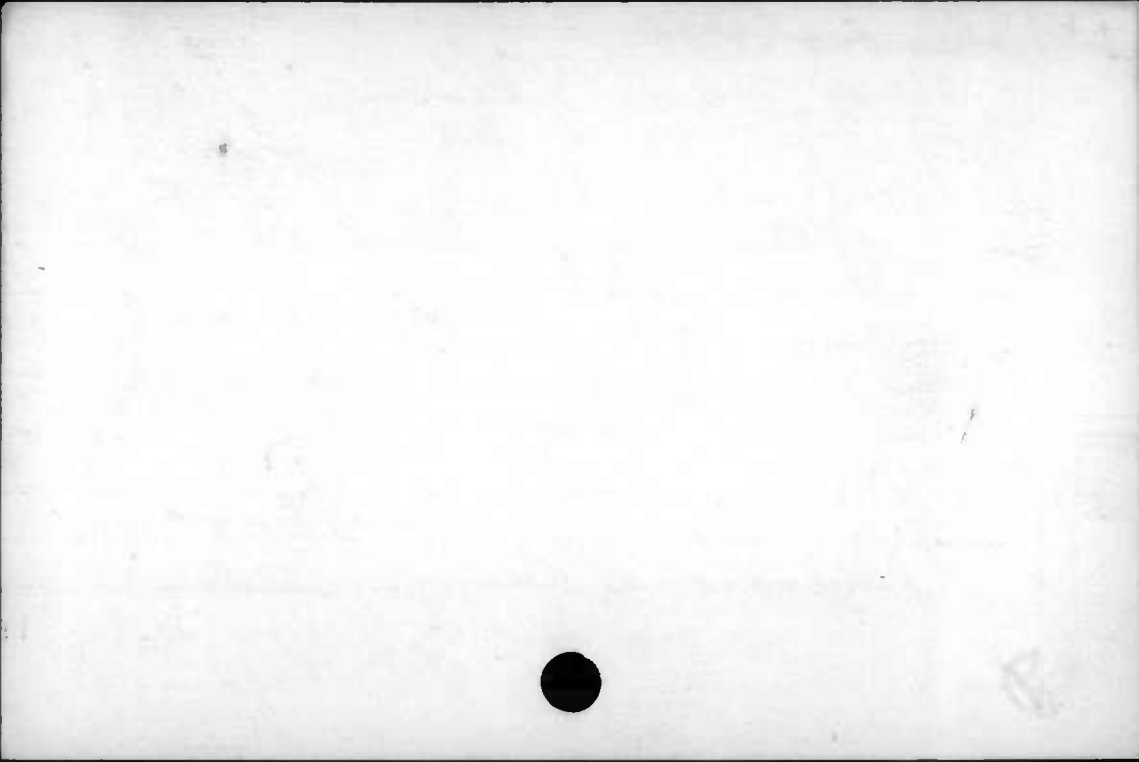
Primary Consumption How long 3 yrs
Immediate Not Known How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Columbus Robey

CERTIFICATE OF DEATH

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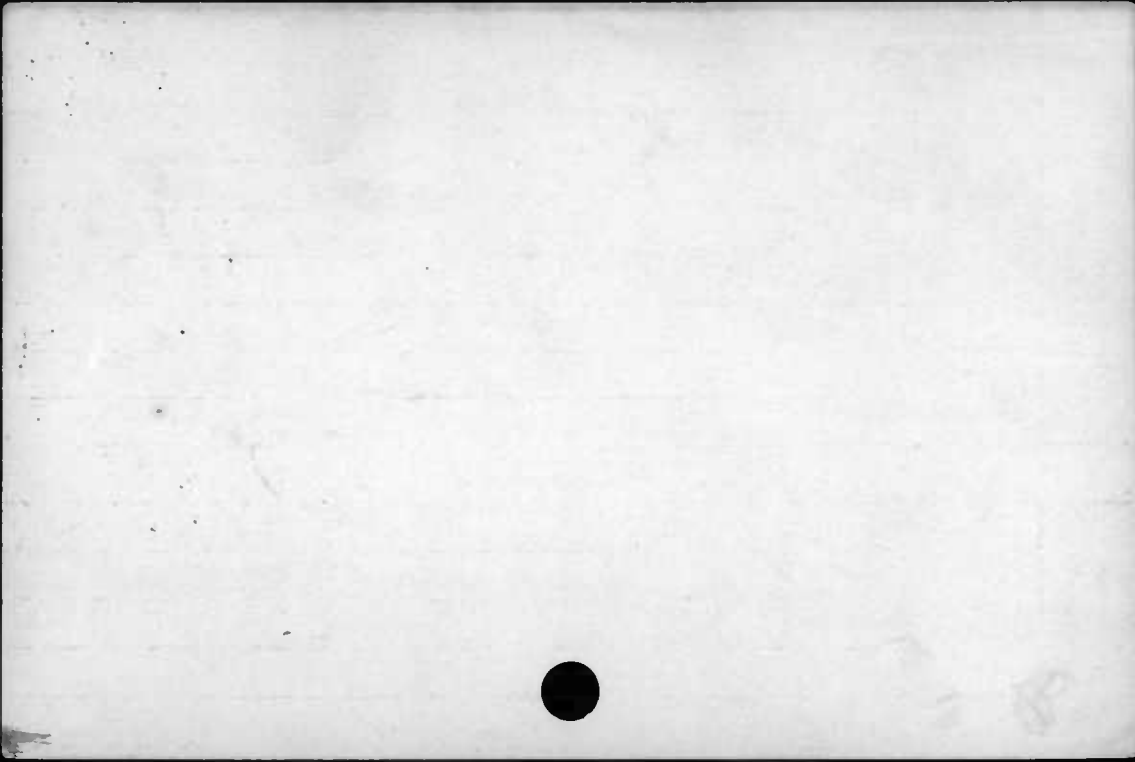
Died at		White Plains		Charles		County	
Date of death 190		Month	Day	Age	Years	Months	Days
7		14	30	60			
Sex		Male		Color or Race		W	
Married, Single or Widowed		M		Occupation		Farmer	
Name of Wife or Husband		Louisa Robey					
Father's Name		Samuel Robey				Father's Birthplace	
						Md	
Mother's Maiden Name		Mary Carrington				Mother's Birthplace	
						Md	
Name of person giving information		Louisa Robey				How related to deceased	
						Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	Six or 8 years
Immediate	Conjestion of Brain	How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. L. Harmon	
		Address	
		La Plata	
		Md	
Accident or Suicide?			



Name
in
Full

Sarah Maddox Roby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>25</i>	Age <i>25</i>	Months <i>8</i>	Years	Days <i>12</i>
Sex	<i>Female</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Charles Co</i>
Occupation	<i>Had none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Peter W. Roby</i>				Father's Birthplace	<i>Charles Co</i>	
Mother's Maiden Name	<i>Eizabeth C. Maddox</i>				Mother's Birthplace	<i>Charles Co</i>	
Name of person giving information	<i>Peter W. Roby</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>2 years</i>
Immediate	<i>Hemiplegia Heart Failure</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>E. Spencer</i>	
			Address	
			<i>Bel Air Md</i>	
Accident or Suicide?				



James R.

Name
In
Full

CERTIFICATE OF DEATH

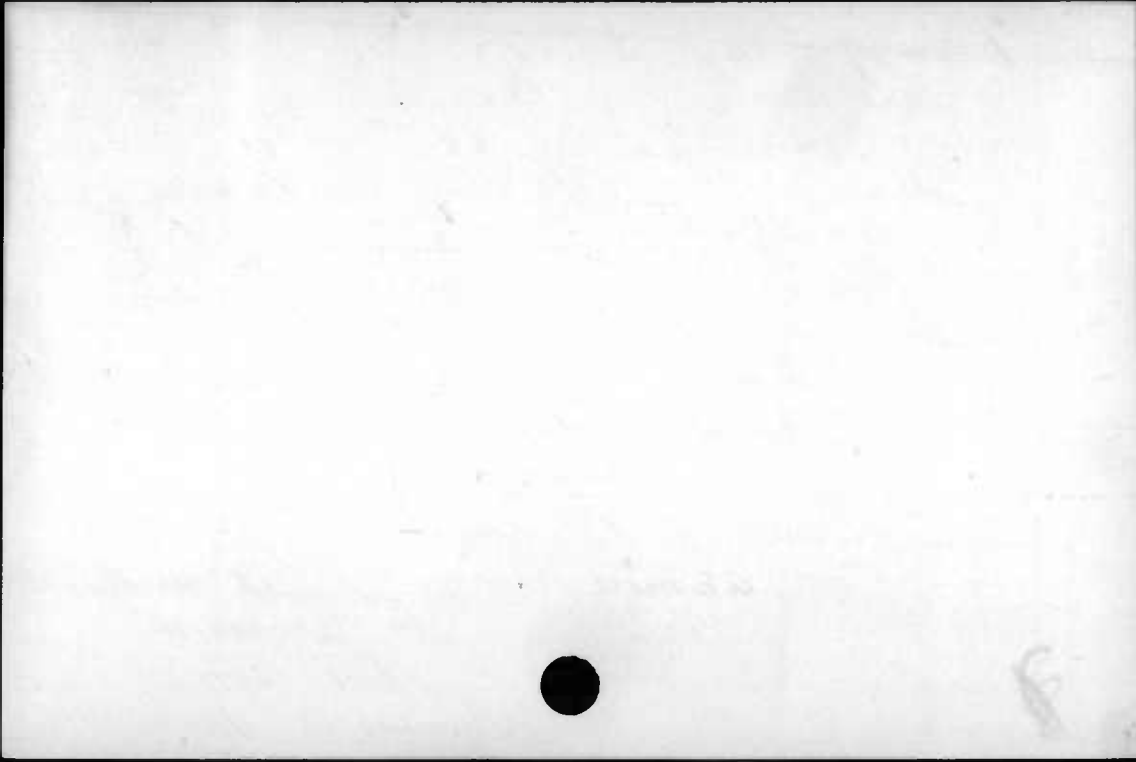
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pomackey</u> ^{Town}		<u>Chas</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Apr</u>	Day <u>27</u>	Age	Years <u>6</u> Months <u>6</u> Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>Dark</u>		Birth-place <u>Ind</u>		
Occupation <u> </u>			Where Residing if not at place of death <u>home</u>		
Married, Single <u> </u> or Widowed			Name of Wife or Husband <u> </u>		
Father's Name <u>Jim Rass</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Simon</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Jim Rass</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>(176)</u>	How long
Immediate <u>Strangled</u>		How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John P. Marshall</u>	
<u>B.P. Accidental</u>	Address <u>Sub Rg</u>	
Accident or Suicide?		



Name
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Henry Clay Short

CERTIFICATE OF DEATH

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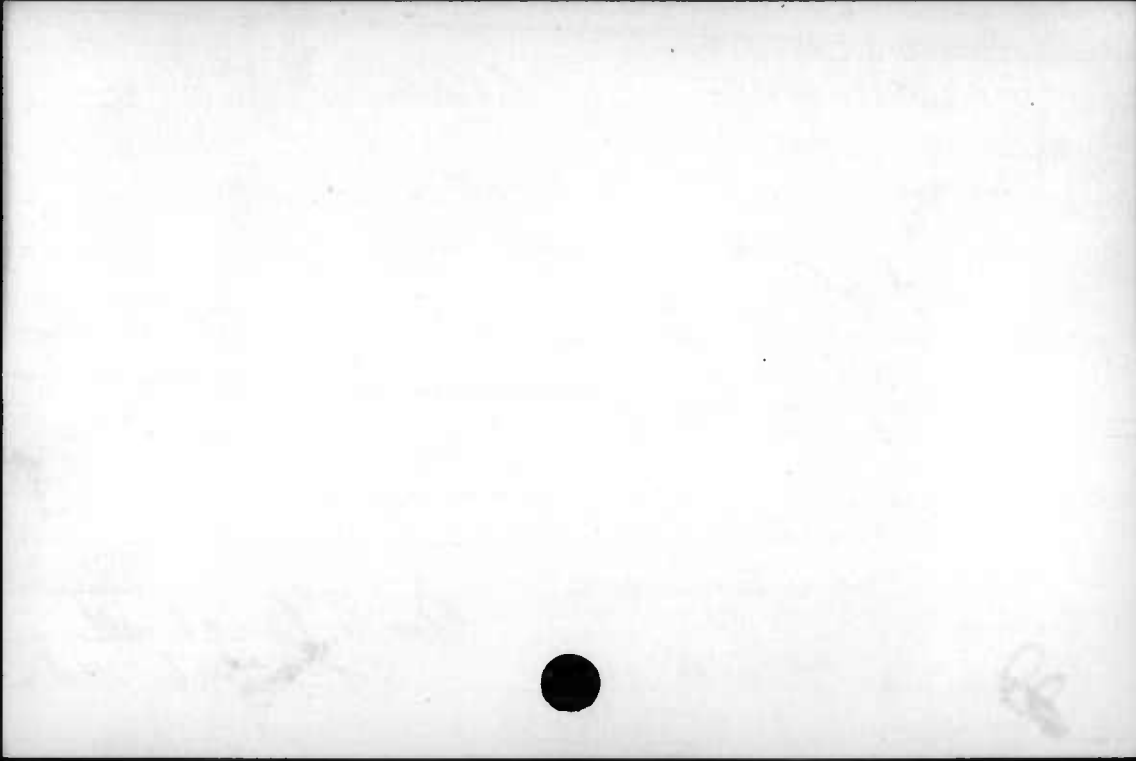
Died at		Town Bel Alton		County Charles		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Apr.	12	68		10	12
Sex		Color or Race		Birth- place			
Male		African		Charles C			
Occupation				Where Residing if not at place of death			
Carpenter							
Married, Single or Widowed		Name of Wife or Husband					
Married		Catherine Short					
Father's Name		Father's Birthplace					
Harry Short		Not Known					
Mother's Maiden Name		Mother's Birthplace					
Not Known		Not Known					
Name of person giving information		How related to deceased					
Hebert Short		Son					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Cancer of Bladder	How long	2 years
Immediate	Toxaemia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. Spencer	
		Address	
		Bel Alton	
		Charles C. Mc	
Accident or Suicide?			



Name
in
Full

Mattie Simmons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Welcome</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>19</i>	Age <i>Years</i>	Months <i>6</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Welcome</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>George R. Simmons</i>		Father's Birthplace <i>Charles Co.</i>			
Mother's Maiden Name <i>Chloe C. Penny</i>		Mother's Birthplace <i>Charles Co.</i>			
Name of person giving information <i>Geo. R. Simmons</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prematurity</i>	(151)	How long <i></i>
Immediate <i>Inanition</i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. C. Bicknell</i>	<i>Risgah Ind.</i>
Accident or Suicide? <i></i>	Address <i></i>	



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Name
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Full

Allie M Storrs

CERTIFICATE OF DEATH

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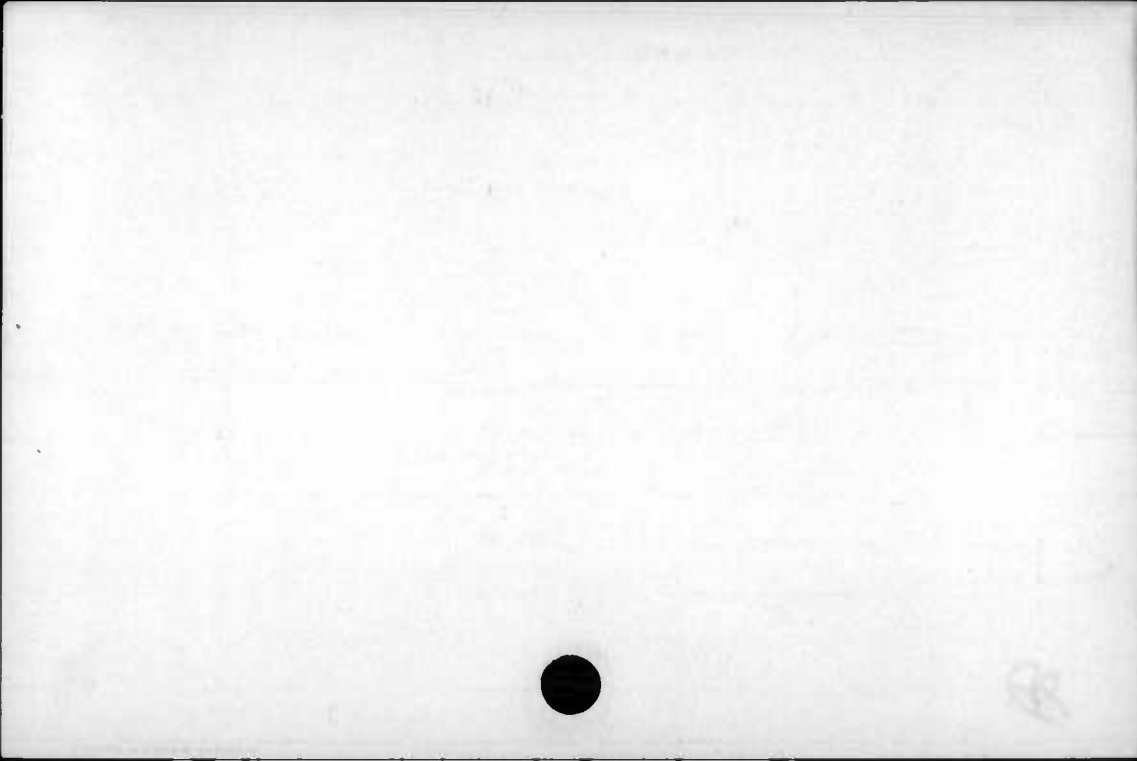
Died at <i>Marbury</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>April</i> ^{Day} <i>29</i>	Age	<i>54</i> ^{Years}	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Chas co Md</i>
Occupation	<i>house wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Joseph Storrs</i>			
Father's Name	<i>Henry Welch</i>			Father's Birthplace	<i>Chas. co Md</i>
Mother's Maiden Name	<i>Secellie Ann Lacy</i>			Mother's Birthplace	<i>Chas co Md</i>
Name of person giving information	<i>Joseph Storrs</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>10 years</i>
Immediate	<i>Pneumonia Phthisis</i>	How long	<i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes.</i>		<i>G. C. Bicknell</i>	
		Address	
		<i>Pisgah Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

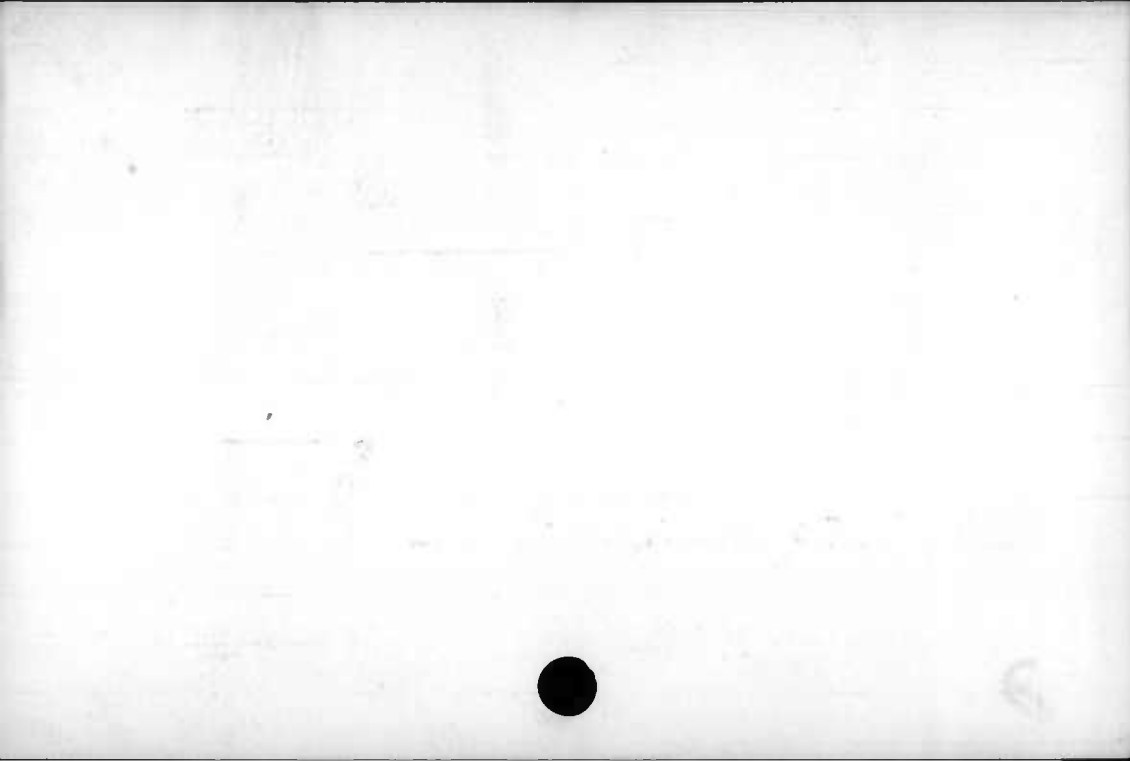
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near White Plains</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>coloured</i>		Birth-place <i>Charles tw</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Taylor</i>				Father's Birthplace <i>Charles tw</i>			
Mother's Maiden Name <i>Eliza Branner</i>				Mother's Birthplace <i>Charles tw</i>			
Name of person giving Information <i>Henry Taylor</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos S Owen M.D.</i>
<i>D</i> Accident or Suicide? <i>no</i>	Address <i>La Plata Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

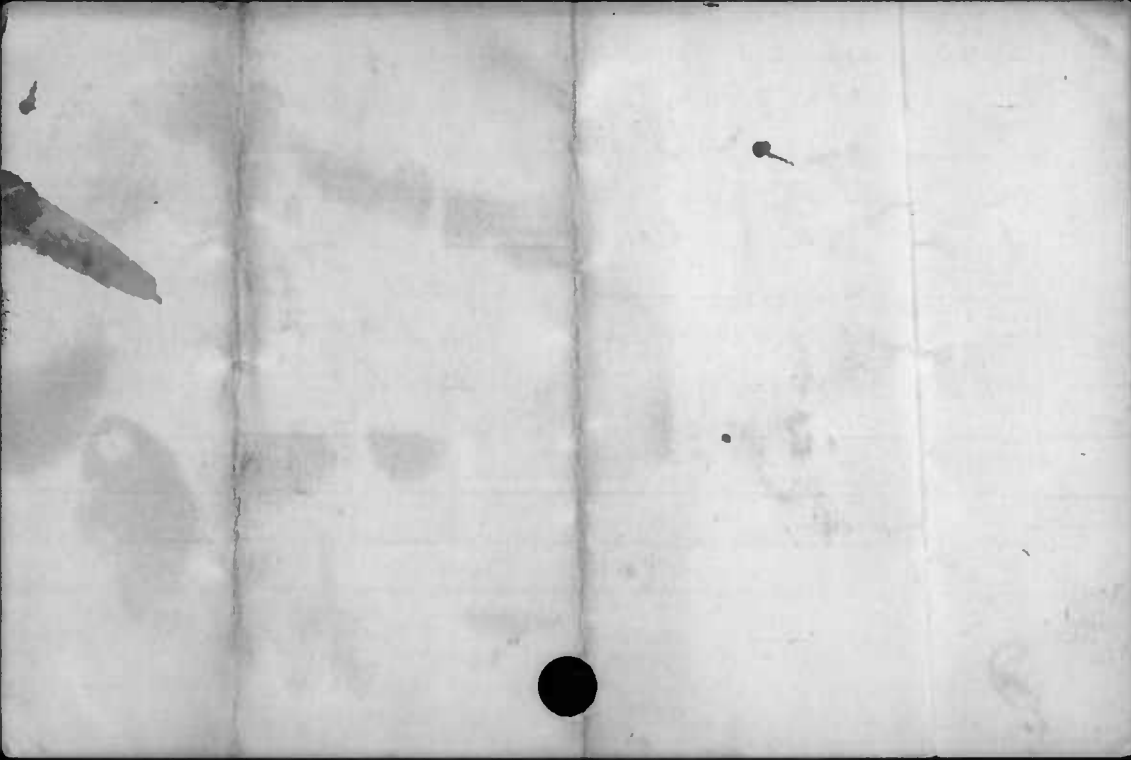
Died at <i>Rock Pt</i> ^{Town}		<i>Ches</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>	Day <i>10</i>	Age <i>8</i> ^{Years}	Months <i>9</i> ^{Days}
Sex <i>Colord</i>	Color or Race <i>colord</i>		Birth-place <i>Westchester</i>		
Occupation <i>''''</i>			Where Residing if not at place of death <i>Rock Pt</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>Not any</i>			
Father's Name <i>Fred Thomas</i>		Father's Birthplace <i>Rickwood</i>			
Mother's Maiden Name <i>Wester Thomas</i>		Mother's Birthplace <i>Chas Co</i>			
Name of person giving information <i>Theodor Battler</i>		How related to deceased <i>Not any</i>			

CAUSES OF DEATH

85-

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage</i>	How long <i>12 hrs</i>
Immediate	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. H. H. H.</i>
<i>D</i>	Address <i>Way, Rock</i>
Accident or Suicide?	



Name
in
Full

Lucretia Thompson

CERTIFICATE OF DEATH

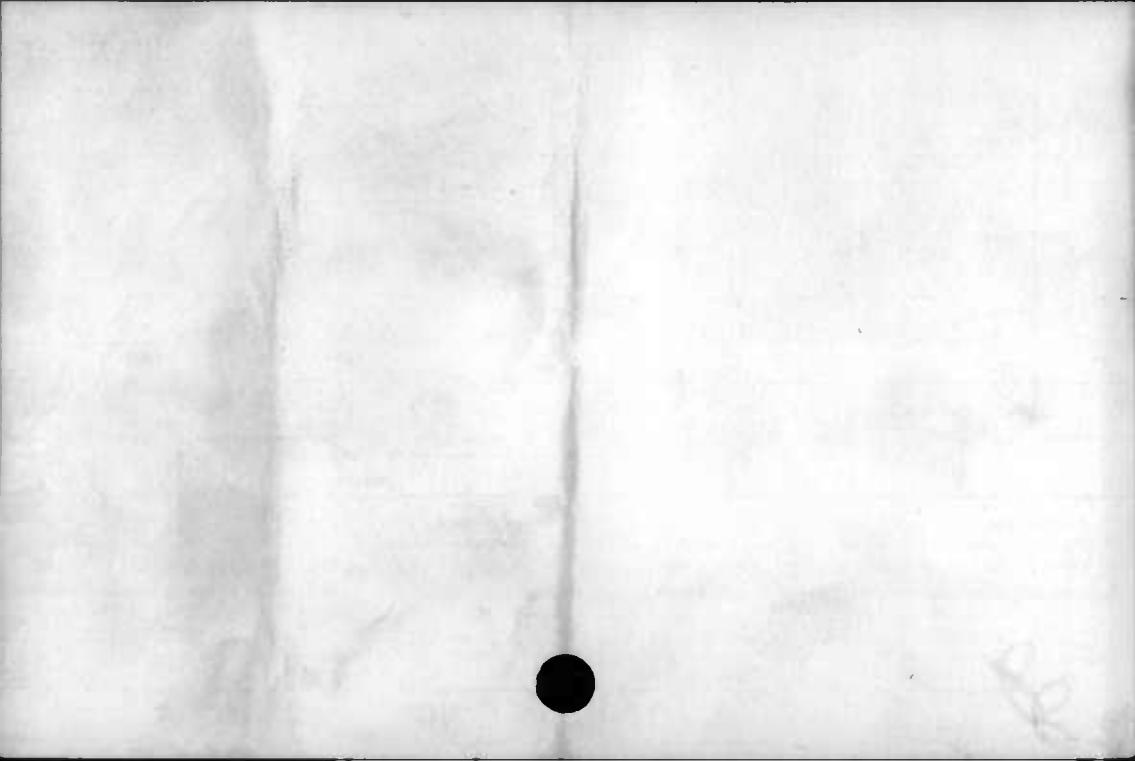
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Apr</i>	Day <i>23</i>	Age <i>88</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Mixed (afrean)</i>	Birth-place <i>Charles Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John H. Thompson</i>				
Father's Name <i>—</i>	Surname <i>—</i>			Father's Birthplace <i>Charles Co</i>	
Mother's Maiden Name <i>Elizabeth</i>				Mother's Birthplace <i>Charles Co</i>	
Name of person giving information <i>George Thompson</i>				How related to deceased <i>Son</i>	

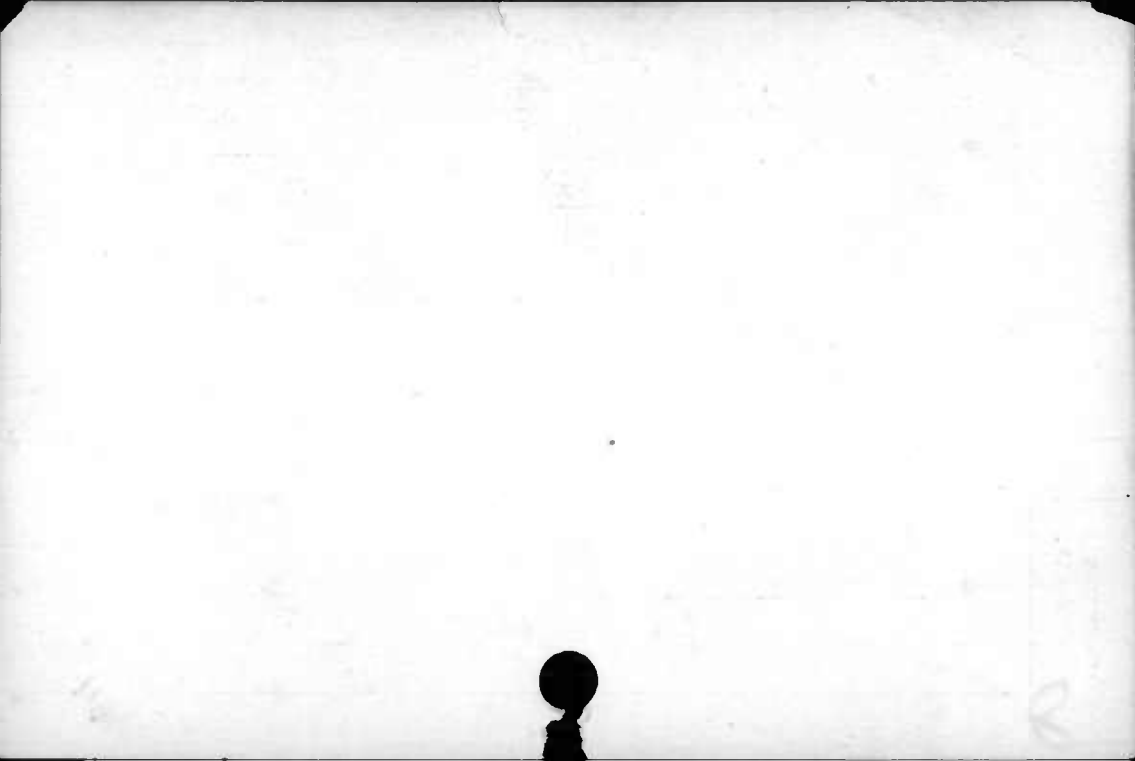
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Reg. & Cardiac Hypert.</i>	How long
Immediate <i>Ruptured Compensation</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. [illegible]</i>
	Address <i>Bel Air Md</i>
	Accident or Suicide?



Name in Full		Charles Walter Diller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Berry</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND
	Date of death 1907	Month <i>April</i>	Day <i>26</i>	Age <i>65</i>	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
	Married, Single, or Widowed <i>Married</i>		Occupation <i>Farmer</i>				
	Name of Wife or Husband <i>Mary Jane Hicken</i>						
	Father's Name <i>Samuel Willett</i>		Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>J. A. Smalleywood</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Lydia Willett</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		(64)		How long		
	Immediate <i>Apoplexy</i>				How long <i>Instant</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. Ouelton Thomas</i>				
			Address <i>Waldorf Ind.</i>				
Accident or Suicide? <i>No</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. Herman Sales</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Lastota</i>		City <i>Charles</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>29</i>	Age <i>23</i>	Months <i>17</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>Polish</i>	Birthplace <i>Charles</i>			
Occupation <i>Ym.</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Geo. Sales</i>	Father's Birthplace <i>Charles</i>				
Mother's Maiden Name <i>Hanna Lee</i>	Mother's Birthplace <i>Charles</i>				
Name of person giving Information <i>Geo. Sales</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Mar comm.</i>	} Body found as a child	How long <i>179</i>
Immediate <i>Exhaustion</i>		How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry S. Robinson</i>
		Address <i>Subby,</i>
Accident or Suicide?		

